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EDITORS.

## Original.

### ON THE USE OF ELECTRICITY IN THE TREATMENT OF EPILEPSY.

BY A. D. ROCKWELL, M. D.,

*Electro-therapist to New York State Woman's Hospital.*

[Read before the New York County Medical Society,  
March 25, 1878.]

That electricity is of some value in the treatment of epilepsy I have for a long time believed; and while my observations in this direction do not enable me to assert the exact measure of benefit that we may hope to derive from its use, either alone or in conjunction with approved methods of treatment, they may perhaps throw some light on the subject, or at least awaken an interest that may lead to a more extended experience as well as to a greater accuracy of observation. I wish to say, first, that in many instances where patients have been submitted to central galvanization—galvanization of the sympathetic, or to general faradization—a profound tendency to drowsiness has been observed.

In some cases sound sleep has for a few moments been induced, with the subject in an upright position, while receiving the current through the brain. I recall one patient under treatment by central galvanization who was repeatedly put to sleep within a minute after the beginning of the application.

Accepting the theory that a state of cerebral anæmia predisposes to sleep, it is not very difficult to believe that the feeling of

drowsiness that so often follows central galvanization, and even general faradization when specially directed to the cervical ganglion, is due to the direct action of the current on the vasomotor nerves.

It seems hardly necessary at this date to attempt a detailed argument in proof of the very decided action of electricity in any of its manifestations on the arterial circulation. The well-known effects of direct applications to the sympathetic of the living animal, the results following external applications to the sympathetic, observed through the ophthalmoscope and sphygmograph, and other physiological experiments, have long attested this power of the current.

Among later experiments are those of O. Tschetschott (Abstract in St. Petersburg. Med. Wochenschr., Oct., 1876), and Przewaski (Deutsche Med. Wochenschrift, No. 43), who have investigated the action of galvanization of the sympathetic. The latter found that a lowering temperature of one side of the face occurs upon faradization of the corresponding ganglia, the decline of temperature ranging from  $0.5^{\circ}$  to  $1.75^{\circ}$  Cent., according to the length of the application. In the same way he found that faradization of the ulnar nerve is followed by a decrease of from  $0.7^{\circ}$  to  $2.53^{\circ}$  Cent. in temperature in the region between the third and fourth fingers supplied by this nerve. Tschetschott's results are similar.\*

I have at this time under treatment a patient who has been under the care of both the late Dr. Peaslee and Dr. Janvrin, and who illustrates, better than any case I ever saw, this control that electricity has over the circulation. For several years this pa-

\* Journal of Nervous Diseases, Jan. 1877, No. 1, vol. ii.

tient has been a great invalid from uterine congestion and displacement, and although now much better of her local troubles, suffers night and day from excessive action of the heart. This activity is altogether functional in character, and in a measure probably dependent on reflex influences, for increase of local pain invariably accelerates the pulse.

It (the pulse) is usually any where from 95 to 120, but it frequently rises as high as 160. When at the latter point an application of general faradization invariably reduces the pulse from 40 to 50 and sometimes 60 beats. When no higher than 125 to the minute, a similar application reduces the number some 30, and when the pulse is beating with its usual frequency, say 95 to a minute, the treatment brings it down some 5 to 10 beats. I have tested this case thoroughly and carefully, and find that no local applications of either the galvanic or faradic currents will give as satisfactory results as general faradization. It is needless to say that the relief following such application is considerable, and the tendency to this unusual excitation seems to be growing less and less.

A case that suggested a certain similarity between the action of bromide of potassium and electricity occurred in the person of a lad, mentioned on page 558, second edition of Beard & Rockwell on Medical and Surgical Electricity. The case was one of *petit mal*, and for two years the attacks occurred from six to ten times a day. In ten-grain doses the bromide of potassium reduced the paroxysms to three, two, or one in the twenty-four hours. This improvement continued for a month, when, notwithstanding the increased doses of the bromide, the attacks gradually increased in frequency. General faradization with galvanization of the sympathetic was then resorted to, and the results that followed were substantially the same as those obtained from the bromide. The epileptic seizures were reduced to from three to one a day, but after a few weeks they returned with their usual fre-

quency. Subsequently, in two other cases of *petit mal* that came under my notice, the same similarity in the action of the bromide and electricity was noted. Recovery followed in one of these cases. The patient, a girl aged eleven, first observed the attacks in the early part of 1874, and came under my observation in March, 1875. At first the paroxysms occurred but once or twice a week; but in about six months they began to increase in frequency, and for several months before I saw her she was having them as often as once and sometimes three times a day. The attacks were of short duration, lasting not more than one half to a minute and a half, and although for the time there was perfect unconsciousness, yet the patient, if standing, as was usually the case, never fell, but if engaged in any occupation, immediately resumed it after the attack had passed away. I used at first the bromide of potassium alone, and pushed it until the face was covered with acne. As in other similar cases she improved very decidedly through several weeks, and then rather quickly relapsed. It is proper, however, to state that this relapse may have been due to a neglect, to which she confessed, of regularity in taking the medicine. I then subjected her to central galvanization and general faradization, alternating the methods and allowing a day to intervene between each application. She improved not much less slowly than under the bromide, but the improvement that followed was retained. At the end of three months she was having but one attack in a period varying from ten days to two weeks, and in just eighteen weeks from the beginning of treatment she had her last attack.

Miss W., aged thirty, came to me November 4, 1876, with the following history: In the early part of 1872 she had her first attack in the night, while asleep, but for a year previous had occasions of being in a dazed condition with great confusion of memory. It is as well to state that there had been all along in her case a strong hysterical element that is frequently aggravated

by surrounding influences. The attacks for a while occurred once in about seven weeks, and further on, instead of a single paroxysm, she would have two and sometimes three in the succeeding twenty-four hours. Later still the attacks became as frequent as once a month, with one or two longer intervals. I learned that Dr. Geo. J. Fisher, of Sing Sing, had formerly been her physician, and, in answer to a letter of inquiry, he informed me that the patient had been under his care for a long time.

He had given her the bromides of potassium and soda (of each 10 grs.) three times a day. This she had taken for several years, and was still taking when she came under my care. During the month previous she had three attacks, and was feeling certain premonitions which she described when I submitted her to the additional treatment of the electricity. I did not feel justified in discontinuing medicine, but, in order to give her every chance, substituted for it the following formula of Brown-Séquard:

R Potassæ bicarbonatis .....	℥ ij;
Ammonii bromidi .....	℥ viij;
Potass. iodidi .....	℥ iij;
Potass. bromidi .....	℥ iij;
Infus. calumbæ (British) ....	Oj. M.

S. Teaspoonful at each meal, and three teaspoonfuls at bedtime.

The patient was exceedingly nervous and despondent, and it was evident that, if in no other way, electricity might prove of service as an adjunct to allay irritability and as a general tonic.

I treated her every other day for three months, alternating central galvanization with general faradization. I then gave her an interval of rest for three months, during which time she had an attack, occurring a little more than six months from the last. After a second three months' treatment I allowed another interval of rest, and again treated her for three months. She has not had a second attack; and as eighteen months have passed, during which she has had but one seizure, we are hopeful of ultimate results. It is worthy of note that, since the two methods of treatment have been combined, the

bromic acne has very considerably lessened, and at times is hardly perceptible.

The last and seemingly the most satisfactory case in its results that I have to relate is as follows: P. M., a peddler, aged thirty-two, entered my office for the purpose of disposing of his wares, March 14, 1877. The man was of respectable appearance and average intelligence, and while conversing with him he had a slight epileptic seizure, and would have fallen from his chair if I had not supported him. When consciousness returned, after what seemed to be a very short period—perhaps not longer than one or two minutes—he seemed to recognize the fact that the attack had been of very short duration, and on inquiry gave the following history: He was a native of England, had been in this country two years, and had had the first epileptic attack eighteen months previously. As near as he could remember, the second attack occurred after an interval of six weeks—the third in four weeks; thereafter they gradually increased in frequency, and during the last six months had occurred as often as twice a week. Most of the attacks were light and soon over, as the one that I witnessed; but at least once a month, as he informed me, they were much more severe—the aura being recognizable—with slight lacerations of the tongue.

He had been under no professional care, but had taken a good deal of "salty-tasting medicine," administered to him by some druggists. He recognized the name of bromide of potassium, and said he thought that was the medicine.

Upon proposing that he submit himself to my treatment (gratuitously of course) he readily consented; and, thinking it to be a good and fair opportunity, I placed him under central galvanization, with occasional seances of general faradization.

I treated him every day excepting Sundays (when I was out of town) for six weeks.

March 16th, he had one of his severe attacks. March 22d, one of the slighter seizures. March 31st, another slight attack. April 14th, a third attack of a mild charac-

ter. On April 20th a paroxysm of the more severe type took place, but evidently considerably modified in intensity and duration.

This was the last severe attack that he had. On May 4th he said that during the morning he thought that he had experienced a very slight paroxysm, but it was so transient that he was hardly aware of it. I saw no more of him until the following September, when I accidentally met him on the street. He looked well; said that he had had no more attacks; expressed gratitude for the services rendered, and promised to call at my office, but up to this time he has failed to do so.

In considering these few not altogether unsatisfactory results, a question arises which, in its relation to electricity, has a special significance.

Why do not our therapeutics yield more uniform results? Experience very clearly shows that there is hardly a remedy to the effects of which there is such a varying degree of susceptibility and response as to electricity. To use a strong expression, there are some persons, although perhaps but a small proportion, who were not born to be thus treated. If, while in health, it is given to them, the impression is decidedly unpleasant; or if administered for the relief of pain or nervous irritability, or as a general tonic, it fails in its effects if it does not aggravate the symptoms. On the other hand, there are those upon whom it leaves a delightful impression, and with whom it seems always to agree; and while much does indeed depend on the knowledge and adroitness with which the applications are given, this difficulty of foretelling the results that may be expected from the use of the current in given cases is largely the result of inherent differences and susceptibility.

Dr. Merideth Clymer, in some most excellent remarks on the treatment of epilepsy, says that he has never heard of a permanent cure of the disease under the use of the bromides, either alone or in combination.

While we may regard this as an extreme statement, the suggestion that the best re-

sults will follow only when we call to our aid every measure that will tend to increase and develop vital power generally, commends itself to all. It is not alone, therefore, on the theory of a special influence on the nerve-centres, or over the cerebral circulation, that we employ electricity as an adjuvant to the bromides, but also because of its undoubted and powerful constitutional tonic effects. In this, therefore, as in various other forms of central disease, I almost always with central galvanization associate and alternate general faradization. In regard to the frequency of the applications I should say, excepting in special cases, the seances, with alterations of the currents, might with advantage be repeated every day. Concerning the length of the application there is so much that might be said, that I can hardly undertake to say it here. The universal tendency is to unduly prolong the treatment until secondary exhaustion follows, and more harm results than good. Dr. Lincoln, of Boston, has written an article on this theme which I would commend, at the same time suggesting that we bear in mind the aphorism, "Much too little than a little too much."\*

I seldom continue the application of the galvanic current to the brain and sympathetic longer than three minutes; and, as a rule, in from five to ten minutes you accomplish as much by general faradization as is possible. Here as elsewhere, however, individual idiosyncrasies must be studied, and in the details of treatment much is left for the exercise of judgment and experience. In applying the galvanic current to the central nerves, I place one electrode—the negative—over the solar plexus and the positive on the top of the head. The sponge which is over the cranial centre, and on which is pressed a large flat metal electrode, should be very large, covering nearly the whole surface of the head.

Small sponges should not be used. They cause too great concentration of current; pain follows, and far less is accomplished. Having the sponges at either pole, large, soft,

\* Boston Medical and Surgical Journal.



and applied with firm pressure, and gradually and without interruption increasing, and in the same way decreasing the current, it is surprising what tension can be borne without the slightest sense of discomfort or unpleasant after-effects.

NEW YORK.

[We are greatly indebted to Dr. Shradly, of the New York Medical Record, for the advance sheets of this interesting article, which appears in the Record of to-day.]

### CANCER OF THE BREAST.

TAKEN FROM THE NOTES OF M. KEMPF, M. D.,  
BY J. E. KEMPF.

In May, 1876, I was visited by Mrs. Steinauer, who consulted me about a swelling in her left breast. The lady's appearance was indicative of good health. She gave the following history of herself: She was aged fifty years, and by birth a Swiss; her family history was good, she not being aware of any hereditary disease in her family. She is the mother of six children, still menstruates, and her menses are regular. While nursing her youngest child, which was born in 1868, she noticed a growth of about the size of a small marble in her left breast, but as it did not cause her any trouble, it attracted no further attention. In December, 1875, she perceived that the growth commenced gradually to enlarge, and at the time when she first visited me it was about as large as a pullet's egg. The tumor was of considerable mobility. Neither the integument nor the nipple appeared to be implicated, and—judging from the appearance of her health, from the little pain that the tumor caused (although now and then, as she said, there was a darting pain in the growth), also from digital examination—I concluded it to be a fibrous growth. A number of the axillary glands was enlarged.

Being doubtful of the true character of the growth, I requested Dr. Knapp to examine the case. He, too, was not certain whether the growth was malignant or inno-

cent. We strenuously advised the lady to have the tumor removed, to which she readily consented, and accordingly the greater part of the breast was amputated.

Upon making an examination of the removed mass we were convinced that the tumor was scirrhus, and I therefore removed all the enlarged lymphatic glands (eleven in number) by enucleation and with the knife. A few small arteries only had to be ligated. After the wound was well glazed its edges were brought into apposition with sutures, and the chest and the left arm were enveloped in a roller.

Some time in the night, following the operation, the wound commenced to bleed, and, upon examination, the source of the hemorrhage was found to be high up in the axilla. After a fruitless search for the bleeding vessel, which, judging from the quantity of the blood lost, was of considerable size, we checked the flow of blood with injection of perchloride of iron and a sponge well pressed in the axilla, where it was secured by a bandage.

The healing of the wound was quite tedious on account of the sloughing caused by the iron, though the patient eventually made a good recovery, and was perfectly well for over a year.

In the fall of 1877 Mrs. Steinauer consulted me again about pain in her left forearm, which I found to be considerably swollen. She told me that six months after the operation she was attacked with malarial fever. During the month of August, 1877, her arm became very painful, which was caused, she said, by an attack of malarial fever.

Examining the chest from which the diseased mamma was removed, I perceived that the scar presented no renewal of disease, and I could not detect enlargement of any lymphatic glands. With the use of antiperiodics and the elixir of iron and quinine as a tonic, and a liniment of arnica tincture, hydrate of chloral and glycerine, the lady's arm got considerably better.

During the winter the arm became very

much swollen and exceedingly painful. I received a letter from Dr. Bemis, who resides in the town where the patient lives, requesting me to meet him in consultation, as he thought that the arm had to be removed. But on account of ill-health I was not able to visit Mrs. Steinauer, who lives in Tell City, twenty miles from this place. I therefore requested Dr. Knapp to go in my stead.

Upon his return he gave me the following statement: The affected arm was swollen to an immense size, and the pain in it was excruciating; but, as there was not the slightest indication of gangrene, and as he could not find out any cause of the swelling of the arm, and as the patient's constitution did not appear to suffer from any malignant poison, and there being no sign of any malignant action in the formerly-diseased breast and in the axilla, the doctor thought it best not to interfere at present. During the attacks of fever the arm became more swollen and painful than during the intermissions, and therefore attributing the cause of the disease in the arm to the ague, the operation was postponed and antiperiodics more strenuously recommended.

The patient's arm not improving, Mrs. Steinauer, accompanied by her husband, went to Louisville and there consulted two eminent surgeons. Their advice was—amputation.

Mr. Steinauer consulted me again about his wife in December, 1877, but I could tell him nothing, save that if the cause of the disease could not be detected, or if the constitution was not being undermined by the pain, and if there was no indication of gangrene it would be best to defer the operation.

Dr. Knapp again saw the patient, and now the cause of the swelling was detected—enlargement of the subclavicular lymphatic glands, which pressed upon the subclavian vein and plexus of nerves. Of course, here amputation would have been altogether futile.

The lady has gone to St. Louis, and, upon inquiry, I received the following letter from

the physician under whose treatment she now is, which I take the liberty to publish:

Dr. Kempf:

St. Louis, Mo.

DEAR DOCTOR—The patient is pretty much in the condition that you, who (as I understand), performed the original operation, would expect to find her, *i. e.* the disease has returned, and involves all the parts in the neighborhood of the scar of the incision, and also some of the glandular concatenations of the neck. The scar divides the growth into two parts; the larger one, above it, involves the clavicle, and can be traced only with difficulty. The whole mass has a hard, knotty feeling, and is now covered with little red blotches that seem to be the precursors of an impending "break." The whole arm is very œdematous and forms a dead weight, which alone prevents the patient from being out of bed. Her general condition has improved very much; she has a fair appetite, not much fever, and no pain. Dr. John Hodgen has seen the patient with me, and we fail to see any indication for amputating the arm while an operation for the removal of the growth is out of the question. The prognosis is correspondingly bad. The treatment consists of quinine, iron, nux-vomica, and arsenic. For the œdema I have practiced "massage" with pretty fair success.

Yours truly, EDWARD EVERS.

FERDINAND, IND.

## Correspondence.

### ASCLEPIAS SYRIACA.

To the Editors of the Louisville Medical News:

For some years past I have used the *asclepias syriaca* (silk-weed, or milk-weed, as it is popularly called) in dropsical affections, and with such excellent results that I desire to learn something of the experience of others with this plant. No work with which I am acquainted, except the U. S. Dispensatory, gives any information concerning the *asclepias syriaca*, though other members of the *asclepias* family are treated of in many of the materia medicas. The following notes of cases will illustrate my experience with the medicine:

In 1864 a woman, aged thirty-three years, with general dropsy and enlarged liver and spleen, came under my care. I tapped her, and drew six gallons of water from the abdominal cavity, and put her on tonic and

alterative treatment. Three months after this I drew off a like quantity of fluid, and three times subsequently, at the same intervals, about the same quantity of fluid was taken away. Finally she was cured by the silk-weed, and remains well up to this time, having since her recovery borne several children.

The second case, a girl of fifteen, had general dropsy following variola. The skin of the legs had burst in several places in consequence of the great pressure of the water, and the abdominal and thoracic cavities were so occupied by the dropsical effusion that she could only breathe in the sitting posture. She got infusion of silk-weed—half ounce of the weed to a quart of water, to be drunk in forty-eight hours. Breathing greatly improved in twenty-four hours. The swelling rapidly disappeared, and in a month she was well.

The third case was in a lady of eighty-two, who had organic heart-disease. The legs, chest, and abdomen were dropsical to the last degree, and breathing was extremely difficult even in the sitting posture. I was sent for to tap her; but in view of her great age, excessive debility, and apparent rapidly approaching dissolution, I merely punctured the legs in a few places, and this more as a *placebo* than with any hope of benefit. A quantity of water came away, however, and she thereby experienced much relief. She was put on the silk-weed, and rapidly improved; and, though not cured, was enabled to live in comfort for two years, when she was carried off by a pneumonia.

Case fourth was in a negress of fifty-six. So great was her ascites that the abdomen protruded far beyond her knees when she sat, and this was the only position in which she could breathe. Her extremities were cold and pulseless. The skin had burst on the lower limbs, and her feet rested in puddles of water drained from the legs. With no hope of doing good further than gratifying the sufferer's desire for some medicine, I ordered her the silk-weed. After some months she was completely restored

to health, and is an able-bodied woman at this day.

I might mention many other cases in which a similar result has followed the use of this medicine. In the dropsies following scarlatina, as well as in those of cardiac, hepatic, and renal origin, I have gotten the most gratifying results.

I give the remedy in infusion, and also in the form of powdered bark of the root. It acts as a diuretic and diaphoretic, and in large doses as an emetic and cathartic. It is also, in my judgment, alterative and tonic. Will not you or some of your readers give me further information upon this subject.

H. K. PUSEY, M. D.

GARNETTSTOWN, KY.

[We have no personal experience with the substance spoken of in the above interesting communication, nor does our library afford us any knowledge on the subject.—  
EDS. NEWS.]

#### THE AMERICAN MISTLETOE.

*To the Editors of the Louisville Medical News:*

My attention has just been called to an article in your journal of March 16th on "*Viscum Album* (Mistletoe) as an Oxytocic," by Dr. Long, of this city. If the administration of mistletoe, as stated by Dr. Long, should prove equally effectual in the hands of other physicians, a very important remedial agent will be added to our materia medica. The article in question would seem to be conclusive as to the remarkable properties possessed by this parasitic plant. It is therefore important that there should be no confusion in regard to its identity. The mistletoe found in our woods is not the *Viscum album*, L., of Europe, but a plant belonging to another genus, of which several species are found in the United States. Our mistletoe is the *Phoradendron flavescens*, of Nuttall; and, although considered by Pursh to belong to the genus *Viscum*, has long since been relegated by botanists to a different genus. They all belong to the natural order LORANTHA-

CEÆ, only two of its twenty-five genera being indigenous to North America—*Phoradendron* and *Arceuthobium*—the latter belonging to Mexico and the west coast, where it is represented by *A. campylopodium*, Engl., which was also discovered in Northern New York, in 1871, growing on the black spruce (*Abies nigra*).\*

The American species of mistletoe are the following:

1. PHORADENDRON FLAVESCENS, Nutt. in Jour. Acad. Phil. n. ser. 1, p. 185. Found in the United States, east of the Mississippi, south of the parallel of 40°; also in the Napa Valley and Corte Madera, Cal., and in western New Mexico (Torrey); generally grows on the walnut, elm, gum, etc., and rarely on the oak; but in the far West it is parasitic on several species of oaks: *Quercus agrifolia*, *Q. Emoryi*, etc. (Dr. Bigelow), *Q. Hindsii*, *Q. chrysolepis* (Redfield).

2. PHORADENDRON PAUCIFLORUM, Torr. in Bot. Lt. Whipple's Exped. Pac. R. R. Rep., Vol. IV, p. 134. A widely-spread species; found at San Antonio de los Alanzanes, Mexico (Dr. Gregg), Sonora, and New Mexico (Wright); grows on the western juniper (*Juniperus occidentalis*) and Douglas's fir (*Abies Douglassi*).

3. PHORADENDRON CALIFORNICUM, Nutt. l. c. This species has globose berries, somewhat reddish; stem pubescent when young; grows on *Parkinsonia microphylla* and *Cercidium floridum*. Habitat: along the Williams and Colorado rivers, and at Ft. Yuma (Major Thomas).

4. PHORADENDRON JUNIPERUM, Englemann, in Gray Pl. Fendl. p. 59. Grows on Williams River, also in the desert west of Colorado River; common to New Mexico; found on the different species of juniper.

The mistletoe of this latitude (*P. flavescens*) grows very abundantly on the walnut; indeed it is likely to produce great injury to this exceedingly valuable timber, as it soon exhausts the vitality of the tree. Dr. Darlington (Flora Cestrica, page 563) says that in Pennsylvania (where it grows sparingly)

and in New Jersey it is generally restricted to the sour-gum tree (*Nyssa multiflora*). It is never found on the beech, sycamore, or other trees with smooth bark in which the seeds can not get a foothold.

Dr. Long's valuable paper will call the attention of the profession to this proposed substitute for ergot, and I doubt not it will be given a fair trial. It is to be hoped that it will not share the fate of its European cousin (*Viscum album*), which once had such high repute as a curative agent in epilepsy and convulsions. E. S. CROSIER, M.D.

LOUISVILLE, March 29, 1878.

## Miscellany.

THE RATIONALE OF THE MENSTRUAL FLOW. G. Aldridge George, L. R. C. P., Lond., M. R. C. S., contributes to the London Lancet the following article on this subject:

"The occurrence of the menstrual flow, although a phenomenon that has excited much interest and been the subject of numerous speculations, is still, I believe, without an accepted explanation. That being so, I am induced to suggest an explanation that appears to me to have enough of probability about it to justify me in submitting it to the judgment of the profession.

"In the human economy during infancy, childhood, and youth the power of elaborating and assimilating nutritive material is very great; and this is so because the body has not merely to be sustained, but to be supplied with materials necessitated by its growth in size.

"The female infant at birth usually weighs less than the male. The woman (as far as capacity for procreation is concerned) is complete at an earlier age than the man. The growth of the girl during the seven years before puberty is usually more rapid than that of the boy. From these facts it appears that nature endowed the female with more rapid powers of growth than the male, that her blood-making apparatus is relatively

\* Bull. Torr. Bot. Club, Vol. II, pp. 42, 47.



more productive, or that the demands of her system other than for growth are relatively less than in man. Why is this? Is it not probable that this is in view of the great demands on the nutritive and assimilating organs that will be made during the periods of pregnancy and lactation? When the girl arrives at commencing puberty the rate of growth is usually much lessened, and at first the lessened demands of the system generally are supplemented by demands for the special organs concerned in reproduction and lactation; but upon the completion of these organs, the powers of the blood-making apparatus continuing the same while the demands upon the blood are lessened, there obtains a state of increased tension in the bloodvessels which gradually becomes greater. This increase of tension is followed by certain results; viz., the headache, sense of fullness and heat in the loins and back, weight and tension of the breasts, that are connected with the appearance of the flux. Probably it is one of the principal causes of the congestion of the uterine vessels, the rupture of the Graafian vesicle, and of the turgidity of the fallopian tube.

"Dr. Fothergill says, speaking of hemoptysis: 'Under one set of circumstances hemoptysis occurs as a sort of leakage. In these persons there is a tendency to make blood rapidly, and then *the weakest spot in the vascular system gives way.*' Now in these young women who are making blood rapidly the lining mucous membrane of the uterus, considering its functions and its recent increased development, may be supposed to be the weakest spot of the vascular system. When the blood-tension reaches a certain limit the delicate capillaries rupture, the tension and local congestion are relieved, a few ounces of blood are lost, the proper equilibrium is restored, which restoration is synchronous with the disappearance of the unpleasant symptoms before mentioned.

"When conception has taken place there is an outlet for the surplus of nutritive income over expenditure in the growth of the

fetus and uterus, and a similar outlet also exists during lactation, so the occurrence of menses during lactation is a comparatively rare event.

"When a woman is in an unhealthy condition, such as commencing phthisis, often the first thing complained of is the non-appearance of the accustomed flow. Here the cessation must be considered as indicating a failure of the powers of nutrition, with deficient blood-making leading to insufficient blood-tension. Nature can not now afford to be prodigal of her strength. She needs all her resources for the conservation of the individual.

"Again, at the menopause, normally the flux appears at first in less quantities or at longer intervals. The blood-tension is lessened by the commencing failure of the apparatus of nutrition, so that the excess of income over expenditure is decreased. But there is still a surplus, and its existence is indicated by the fact that the majority of women become stouter after the climacteric period is passed."

QUININE A PHYSIOLOGICAL ANTIDOTE TO THE MALARIAL POISON.—Lond. Pract.: Dr. F. W. Monsel remarks that the most important and ancient of the uses of quinine depends undoubtedly upon its power both as a curative and as a prophylactic agent in malarial diseases, and he proceeds to refer to the different theories that have been advanced in regard to its mode of action. It must, he maintains, be either a chemical or a physiological antidote; in the one case the poison itself being attacked by the remedy, in the other the system, or that part of it which is the seat of election, by the poison being braced up so as to resist its power in whole or in part. He thinks the recurrence of attacks of ague after a paroxysm has been arrested by its administration to be opposed to Binz's view of its action as a paralyzing agent on the malarial poison, and he is inclined himself to admit that it exerts an influence on that part of the nervous system for which the malarial poison

has a special affinity, and in virtue of this is more curative than other remedies—as arsenic, caffein, bebeeria, piperine, gentian, capsicum, and strychnia—just as arsenic has a special tonic influence upon the motor nerves in virtue of which it is more powerful in chorea, and caffein an action on the pulmonary veins which renders it more useful in asthma. Hence he believes quinine to act in malarial disease as a stimulant or sedative to the nervous system, especially to that part most implicated in these diseases, and that it is principally in virtue of this action that it proves curative, by rendering the malarial poison inoperative by an antagonistic action upon the nervous system, and that it proves beneficial in proportion as the nervous disturbance is predominant, and as there is an absence of complications. —*Edinburgh Med. Jour.*

**LIBERALISM IN HOMEOPATHY.**—N. Y. Med. Record: The resolutions recently passed by the Homeopathic Medical Society of the County of New York are a striking indication of the tendencies of the times. They say in effect that the dogma "similia" is no longer capable of universal application, and that, as honest physicians, the homeopaths are obliged to rely to a greater or less extent upon the practices and methods of the older school. In other words, they no longer desire to be considered as exclusives. For many years it has been a matter of common notoriety that professing homeopaths have not infrequently availed themselves of the teachings of regular medicine, and applied them in purposely disguised forms. The inconsistency of such a course has undoubtedly led to much of the ill-feeling which we as a school have borne toward them. The present honest declaration—that homeopathy, pure and simple, is not all that their earlier fancies painted it—is simply a public admission that the sectarian position formerly assumed by them is no longer tenable; that duty to their patients requires them to become physicians in the broadest sense, and not blind followers of a creed

nor worshipers of a man. That honesty, learning, and ability possess many representatives in their ranks is unquestioned; and we welcome the resolution as a desire upon their part to return to the ranks of a catholic profession, broad enough, as its earlier records show, to embrace and give trial to any views when presented in a spirit of scientific moderation, and when not accompanied by too great demands upon ordinary credulity.

**MAXIMS OF SUCCESS.**—Dr. Jas. Syme gives the following advice, which has been extensively copied: 1. Never look surprised at any thing. 2. Before stating your opinion of a case, upon your second visit, ascertain whether your previous directions have been complied with. 3. Never ask the same question twice. To these the News begs leave to add the following: 4. Better compete with a hundred doctors than with a poor neighborhood. 5. Make it a personal matter to be called a "promising young man." The world wants performers only. 6. Don't talk too much. The owl wins in medicine. 7. Nineteen persons out of twenty employ a doctor to give them physic. Unmixed advice has a doubtful market value. 8. Do n't spend your time wondering how your neighbor got his practice. Stick to your own, and it will probably grow. 9. Keep your eye on the man whose talk is always on ethics. 10. Subscribe for the News.

**COMEDONES.**—Dr. Erasmus Wilson says, in a late lecture: "To comprehend the *treatment* of comedones, it is necessary that we should have a clear idea of their *cause*. It is evident that, whether by suppression or inaction, excessive accumulation of the contents of the follicles must be due to feebleness of the organ, and in a greater or less degree to debility of the entire organism. Feebleness of the skin may be inherent or accidental, and in either case the same principle of treatment must be adopted; namely, pressure and friction of the skin and frequent ablution, with the use of an abun-

dance of soap. Where the contents of the follicles are soft, pressure and ablation with soap are all that may be necessary; but where impaction renders the liberation of the mass difficult, the latter must be pressed out by the fingers, or by means of tweezers flattened at the ends; but even this process will be much facilitated by kneading and friction, and, if at first difficult, will be rendered practicable by a continuance of the same means."

#### THE ACTION OF ALCOHOL IN FEVER.—

Lond. Pract.: Testi Alberico gives as the result of his clinical investigation upon the action of alcohol: 1. That alcohol does not produce any depression of temperature when given in febrile states of the system, though high temperatures do not *per se* constitute any contraindication to its use; 2. Alcohol, as long as it remains unaltered in the system, is a powerful dynamic of the vasomotor nervous system; 3. As a consequence of the changes which alcohol undergoes in the system it indirectly becomes a very valuable aliment, while it augments the metamorphosis of tissue.—*Il Raccoglitore*.

LONDON Medical Examiner: According to Dr. Aigre's views, singing in the ears depends on vibration of the coats of the blood-vessels in the labyrinth or inner ear. These vascular vibrations act on the terminal filaments of the auditory nerve, in the same manner as the vibrations produced by the stapes. The changes in vibratory fullness coincide with the increased or diminished tension of the blood in the vessels of the labyrinth, or with changes in the blood itself, as in cases of chlorosis and anæmia.

#### THE KENTUCKY BOARD OF HEALTH.—Drs.

Lunsford P. Yandell, Richard Curd Thomas, Pinckney Thompson, R. W. Dunlap, Wm. B. Rodman, and James Shackelford have been appointed members of the State Board of Health, which has been created by the present legislature.

## Selections.

#### Therapeutic value of Eucalyptus Globulus.

—London Practitioner: Mr. Benj. Bell states that his attention was drawn to this remedy by an interesting reference to it in Sir John Rose Cormack's Clinical Studies, in which he stated that he used with advantage an injection of an infusion of the leaves of the eucalyptus, or a mixture of from one to four drachms of a tincture in eight ounces of tepid water. Besides being refreshing and comforting to patients so affected, these applications have in his experience a remarkable power of destroying the fetid odor of morbid discharges without the substitution of another unpleasant smell. He extends the remark after much experience to the offensive discharges attendant upon cases of ozæna, cancer of the tongue and throat, cancer of the uterus, gangrene and other affections accompanied by fetors. He further mentions that in simple uterine catarrh he knows of no remedy equal in value to the eucalyptus globulus, the most satisfactory results proceeding from its simultaneous administration by the stomach and in the form of injection. These statements, with the circumstance that a preparation of the essential oil in capsules is a favorite prescription with many leading physicians in Paris, led Mr. Bell to make extensive trial of the remedy, using always the tincture in doses not exceeding a teaspoonful, mixed with a wine-glassful of water, twice a day. He has found remarkable benefit accrue in several cases of bronchitis with profuse expectoration. It then occurred to him that a plant which has obtained so great a reputation in Tasmania and elsewhere as a defense against malaria, and which evidently possesses valuable properties as a disinfectant, deodorizer, and astringent, might prove useful in certain forms of disease in the stomach and bowels. The cases in which he has especially tried it are those in which there have been symptoms of malignant ulceration, such as vomiting, hemorrhage, etc., and the results have fully justified his expectations. It has further seemed to him of manifest use lately in a case of diphtheria commencing in the gullet and ascending to the fauces, and he thinks it might be prescribed with advantage in cases of typhoid fever.—*Edinburgh Med. Jour.*

#### The Treatment of Professional Dyscinesia.

London Practitioner: Dr. Leonardo Bianchi states that he some years ago published a case of scrivener's cramp, which in a very short space of time was cured with hypodermic injections of nitrate of strychnia. The young man whose case was reported, at that time a student, is now a barrister, and has never since been troubled with the malady. He now relates a series of cases of writers', telegraphists',

and musicians' cramp, in which he applied the same treatment (with or without electricity) with success. He employs a solution of nitrate of strychnia of such strength that every gramme of the solution representing the capacity of Luer's syringe contains five milligrammes of the nitrate of strychnia. He began by using one milligramme and a half (.023 grain), and increased the dose to three milligrammes and a half (.054 grain) every other day. The injections were practiced on the forearm. None of them were followed by inflammatory reaction, and after the tenth—i. e. the twentieth day of treatment—the patient was usually cured. The results of his observations have satisfied him that the condition of the morbid process in the professional dyscinesia as well as its seat differ in different cases; that the difference in the disturbing process of the disease in its seat, and in the mechanism by which the malady is determined, is perfectly in harmony with the difference of the clinical forms; that the prognosis may be considered less grave than most pathologists believe; and lastly, that the treatment, electric or internal, in order that it may obtain a greater average of recoveries, must be conformable to the clinical character of the disease, which differs in various cases, and which must indicate when the ascending or descending current may have a better effect on the spinal cord and on the nerves, when simultaneous faradization of the muscles and of the skin (disturbance of tactile sense) may be applied with success; when galvanization of the brain or of the sympathetic nerves in the neck is useful, and when the hypodermic injections of strychnia, exclusively or associated with an established method of electrization, may be of some utility.—*British Med. Journal*.

**Cod-liver Oil** given in a five per cent solution of gum-arabic, previously poured into a small medicine-glass, tended greatly toward covering the taste. Froth from porter was also an excellent vehicle, or some salt herring, eaten just before taking the oil, would make its taste imperceptible, says Dr. Squibb.

**Allaying Irritation of Actively Secreting Mammary Glands by Belladonna-Collodium.**—London Medical Record: Dr. Hugh Miller states that he has adopted belladonna as a good agent for allaying irritation and preventing the secretion of milk. With a view to avoid friction and obtain the full therapeutic use of the agent, he had an alcoholic extract prepared of double strength of the emplastrum belladonnae, but kept fluid by collodium, and with camphor added. The preparation was painted over the breast night and morning, until the acute symptoms subsided. It was useful, whether the in-

flammation accompanying the onset of the lacteal secretion had, for its exciting cause, exposure to cold, inflamed nipples, or obstruction in the lacteal ducts. The preparation was also used by applying it to both breasts every day, when the mother did not intend to suckle the child. The application in these cases was begun before the secretion of milk was established.—*Glasgow Medical Journal*.

**Mortality in Calcutta.**—Calcutta, at its best, has never been deemed a salubrious town, or one favorable to European life; but just now it appears to be particularly unhealthy. The mortality returns for December last show that the death-rate reached the extraordinary high figure of 52.31 per thousand annually. The principal contributor to such a portentous death-roll was fever, which caused 918 deaths; intestinal complaints other than cholera also ranged high, while a large amount of infantile mortality was recorded. Cholera was credited with 106 deaths—a number considerably below the average for the corresponding periods of the decade. Bombay runs Calcutta very close in the race of death, having, by the latest accounts, an annual mortality of 49.85 per thousand.

**De Pontève on the Administration of Cod-Liver Oil.**—London Medical Record: Dr. de Pontève writes to the *L'Union Médicale* to describe a method to conceal the taste of cod-liver oil and to facilitate its absorption. He mixes a teaspoonful of the oil intimately with the yolk of an egg and ten drops of tincture of peppermint, to which he adds half a glass of sugared water. He thus obtains an emulsion which differs very little from ordinary milk. There is neither the characteristic taste nor the odor of cod-liver oil, and the patients take it without the slightest feeling of repugnance. Further, the oil having been rendered miscible in water in all proportions, it is actually emulsionized, and its absorption is more certainly secured.

**Use of Tincture of Belladonna in Night-sweating.**—Mr. Nairne writes in the *British Medical Journal* of February 2, that for some little time past he has employed the common pharmacopoeial tincture of Belladonna for sponging the body in cases of phthisical and excessive sweating, and invariably with marked benefit. So far as his experience goes, he has found it very much better than any thing else; if applied before the sweating comes on, it prevents it; if during the sweating, it almost immediately controls it. Two teaspoonfuls of the tincture mixed with an equal quantity of whisky are quite sufficient (applied with the hand,) to cover the whole body and produce the desired effect.